BY CERTIEY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL TAKEN FOR PATENTS, P.O. BOX ANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:

Benjamin S. Akkad

Conf. No.:

3987

Group Art Unit:

3673

Appln. No.:

10/632,367

Examiner:

Robert G. Santos

Filing Date:

August 1, 2003

Attorney Docket No.:

9874-24U1

Title:

COMBINED FABRIC WRAP AND CARRY BAG

AMENDMENT UNDER 37 CFR 1.116 AFTER FINAL ACTION

This is in response to the Office Action, mailed November 26, 2004. This response is being timely submitted by Monday, February 28, 2005.

Please amend the above-identified application, without prejudice, as follows:

03/03/2005 RFEKADU1 00000002 10632367

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100.00 OP

MAR 0.2 2005

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE/AS, FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

BY: Mady Morales

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MAIL STOP AF OR AMENDMENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:

BENJAMIN S. AKKAD

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Conf. No.: 3987

: Group Art Unit: 3673

Appln. No.: 10/632,367

Examiner:

Robert G. Santos

Filing Date: August 1, 2003

Attorney Docket No.: 9874-24U1

Title: COMBINED FABRIC WRAP AND CARRY BAG

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment in the above-identified application.

[] Substitute Specification.

[X] Small Entity status:

[x] has previously been claimed/established.

is hereby claimed under 37 C.F.R. §1.27, as [] an Independent Inventor, or [x] a Small Business Concern, or [] a Non-Profit Organization.

The additional claim fees have been calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	14	(-)	36	0	x25	\$0.00	x50	
INDEP.	5	(-)	4	1	x100	\$100.00	x200	
[] 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$180		+\$360	
					TOTAL	100.00	TOTAL	

The additional claim fees are being paid by:

[X] A check in the amount of \$100.00.

[X] Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No.

209874.0027) as noted below. A duplicate copy of this sheet is enclosed.

- [X] Any overpayments or deficiencies in the above-calculated fee.
- [] Additional claim fee in the amount of \$____.00 as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.
- [X] In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account.

CORRESPONDENCE ADDRESS

felo. 3005 By:

(Date)

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Enclosures